

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579,420

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		2					53		1				
4		2					54		2				
5		0					55		2				
6		0					56		2				
7		0					57		2				
8		0					58		2				
9		0					59		2				
10		0					60		2				
11		0					61		2				
12		0					62		2				
13		1					63		2				
14		2					64		2				
15		0					65						
16		0					66						
17	1						67						
18		1					68						
19		2					69						
20		2					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38	1						88						
39		1					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		2					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	41	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	43					